

**Solano Emergency Medical Services Cooperative (SEMSC)
Meeting Minutes
January 12, 2017; 9:00AM – 11:30AM
Suisun City Hall**

BOARD MEMBERS

- Birgitta Corsello, Chair, SEMSC Board
- Satjiv Kohli, Medical Professional Representative
- Caesar Djavaheerian, Physicians' Forum Representative
- Daniel Keen, City Manager Representative
- Sandra Rusch, Medical Professional Representative
- Anthony Velasquez, Fire Chief Representative
- Richard Watson, Healthcare Consumer Representative

STAFF

- Bryn Mumma, EMS Medical Director
- Ted Selby, EMS Administrator
- Michael Stacey, Deputy Director, Medical Services
- Andrew Obando, Associate EMS Administrator
- Hermie Zulueta, EMS Operations Manager
- Robertson Somuah, Trauma Outreach Specialist
- Keith Erickson, EMS Coordinator
- Rachelle Canones, Administrative Secretary

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
<u>Call to Order/Roll Call</u>	Meeting called to order with a quorum present. Board Member Watson was absent	(none)	
<u>Approval of Agenda</u>	Board Member Keen moved to approve the agenda. Board Member Velasquez seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0		
<u>Approval of Minutes May 5, 2016</u>	Board Member Keen moved to approve minutes of the meeting; Board Member Djavaheerian seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0.		
<u>Public Comments</u>	None		
<u>Reports</u> a. Medical Director's Report	a. Dr. Bryn Mumma, the new EMS Medical Director, gave a brief summary of her training and background in addition to the regular report. 1. Introduction – Dr. Mumma is currently a physician with University of California, Davis, and attended medical school at the University of Pennsylvania.		

	<p>She completed residency training at the University of Pittsburgh, which has a very strong prehospital emphasis as part of the training program. The medical residents flew as full crew flight physicians and acted as EMS Command physicians, which involved more than over the phone medical command. It entailed actually taking the emergency vehicle operations course, operating a vehicle with lights, sirens, and emergency medical equipment, responding to all calls involving cardiac arrest, alongside the paramedics of the City of Pittsburgh, as well as responding to other medical calls as requested. These may include calls involving a motor vehicle collision with a prolonged extrication, Multi-Casualty Incident (MCI), and patients who refuse medical assistance in the field so that these patients may be evaluated, and if necessary help convince them to be transported to the hospital. It was during this internship that an interest in Out-of-Hospital Cardiac Arrest (OHCA) was developed, and she began focusing her research on OHCA. Dr. Mumma added that at UC Davis, she splits her time between teaching, education, clinical service, and research primarily in OHCA, and the prehospital management of cardiovascular emergencies, primarily ST-Elevation Myocardial Infarction (STEMI).</p> <ol style="list-style-type: none">2. Discipline Report – Dr. Mumma announced that since the last meeting there has been one dropped case with the court dropping all charges against the Emergency Medical Technician (EMT). One temporary suspension was issued, with the EMT eligible for reinstatement once the stipulated conditions have been met. There are two EMTs on probation. There is one open case that is expected to be in the court system for a while, and the EMS Agency’s action is pending the verdict of that case. There are four EMTs currently on probation, with two ending in the middle of 2017.3. Changes to EMS Policies – It was stated that a copy of the new or updated policies is included in the meeting packet. They are:<ol style="list-style-type: none">a. Policy 2315 – EMS Policy and Protocol Development and Reviewb. Policy 3000 – EMS Fees		
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<p>b. EMS Administrator's Report</p>	<ul style="list-style-type: none"> c. Policy 3400 – Paramedic Accreditation and Re-Accreditation Process d. Policy 3420 – Paramedic Preceptor Roles and Responsibilities e. Policy 3500 – Roles and Authorization, Re-Authorization Requirements for Mobile Intensive Care Nurses (MICN). This is a new policy. It was announced that there were eight nurses that attended the last EMS orientation, none of whom are fully authorized yet, but have begun the process to receive full MICN authorization. f. Policy 6105 – Prehospital Trauma Triage Plan g. Policy 6180 – Multi-Casualty Incident (MCI) Response h. Policy 6611 – Spinal Motion Restriction (SMR). This is basically changing the Basic Life Support (BLS) policy to match the Advanced Life Support (ALS) policy. i. Congestive Heart Failure and Pulmonary Edema Protocols – There was a minor update adopted at the last EMS Quarterly Meeting advising prehospital to consider using a 12-Lead rather than requiring it prior to administration of nitroglycerin. <p>b. Ted Selby, EMS Administrator, provided an update on the following items:</p> <ol style="list-style-type: none"> 1. General Update – Mr. Selby stated that there have been several changes since the last SEMSC Board Meeting in May 2016. Dr. Aaron Bair, the former EMS Medical Director has retired and relocated to San Diego, and Dr. Joseph Becker, the Sutter Solano Physician Representative has accepted a new position with another organization outside the County. Both Dr. Bair and Dr. Becker received a plaque and best wishes on behalf of the SEMSC Board for their years of service and dedication. <p>The EMS Agency is still contracting with UC Davis Medical Center for the services of a Medical Director. Mr. Selby added that Dr. Bryn Mumma has stepped in and done a fantastic job of putting all the pieces together to strengthen the Agency and keep it moving in a positive direction. It was also added that Sutter Solano appointed Dr. Satjiv Kohli to carry on the good work begun by Dr. Becker.</p>		
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Mr. Selby highlighted the Emergency Medical Response Summit that the Agency hosted at the Solano County Fairgrounds in June. The theme was “I Will Survive!” The focus was on surviving infectious disease, specifically Ebola, in the 21st century. The keynote speaker was an actual Ebola survivor. It was stated that speakers from the Centers for Disease Control and Prevention (CDC), Emory University, and the State Department of Public Health were also included on the agenda.

Mr. Selby announced that this year’s annual summit will be held on May 2nd, and the theme is “Through the Years.” The focus is on the evolution of EMS through the years. This year’s keynote speaker is a neurosurgeon who conducts a thought-provoking session on whether an organized EMS and Trauma System might have saved the life of Bobby Kennedy at the 1968 Democratic National Convention.

2. System Update – Mr. Selby stated that the prehospital partners – Medic Ambulance and the Public Private Partnership (PPP) Fire Departments – have continued their exemplary service to the residents of Solano County. Response time statistics for the fourth quarter of 2015/2016 and first quarter of 2016/2017 for Medic Ambulance are at an average of 99%. It was added that Medic continues to provide unparalleled service to the communities it services and has continued partnering with EMS to upgrade current systems, such as the third-party monitoring system that is used to verify response times.

With regard to the PPP Fire Departments, the EMS Administrator stated that each one continues to provide strong support as evidenced by their respective response time averages:

	<u>4th Quarter 15/16</u>	<u>1st Quarter 16/17</u>
• Benicia –	95%	96%
• Dixon –	96%	95%
• Fairfield –	92%	92%
• Vallejo –	93%	93%

<p>c. Contractor's Report</p>	<p>Mr. Selby indicated that at the last SEMSC Board Meeting, it was announced that the Auditor Controller's Office (ACO) was finalizing their report and conducting the exit interview to produce the final report. The ACO's final report is included as part of the meeting package today. It was highlighted that there were no findings. It was likewise announced that the ACO informed the Agency last month that they are preparing to conduct the 2016/2017 audit, and this is expected to begin in the near future. The Letter of Engagement for this audit has already been signed by the EMS Administrator and the Board Chair.</p> <p>3. Announcements – Mr. Selby announced that in 2017, National EMS Week will take place from May 21-27. Events are being planned to honor our EMS professionals and will be announced at the next SEMSC Board Meeting.</p> <p>The Emergency Medical Response Summit entitled "Through the Years!" which will be held at the County Fairgrounds in Vallejo on May 2nd was reiterated.</p> <p>c. Helen Pierson, Chief Financial Officer of Medic Ambulance provided some highlights around what is happening in the company.</p> <p>1. Medic Ambulance stated that that they are proud of their continued membership in California Ambulance Association (CAA), and the American Ambulance Association. Ms. Pierson indicated that these memberships give their management team and employees access to the best minds and network of professionals that their organization can have. It was added that 2016 also saw Medic's management team present many of their amazing programs across the nation, including Denver, Texas, Las Vegas, Atlantic City, San Diego, Lake Tahoe and San Francisco. Sharing about their programs and processes on the national level is important only because it involves finding more ways to further improve their operations and is imperative to their success.</p>		
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	<p>2. Accredited Center of Excellence (ACE) for the International Academies of Emergency Dispatch – It was announced that Medic’s Emergency Medical Dispatch (EMD) officially received their ACE accreditation in July 2016, and are now one of only 11 agencies in the State of California with this distinction. Sandra Whaley, the manager over their EMD spearheaded this project, which was observed to be a difficult process to go through.</p> <p>3. Commission on Accreditation of Ambulance Services (CAAS) – Medic also announced that in October, they received a perfect score and full three-year re-accreditation from CAAS.</p> <p>Ms. Pierson proudly added that Medic is now one of only 30 agencies in the world that currently have both the ACE and CAAS accreditations, and pointed out that Medic’s success is also good for the citizens and residents of Solano County who will benefit from their services and expertise.</p> <p>4. Other Upgrades – Ms. Pierson stated that for the third straight year Medic Ambulance has seen a significant increase in call volume. As such, the company has purchased six new ambulances this year, and installed their tenth Power-LOAD gurney system. This system turns the entire gurney system loading and unloading process into an easy to use and fully automated system. This state-of-the-art system has been a \$500,000 investment, and Medic plans to increase their investment annually by adding more Power-LOAD gurneys to their fleet.</p> <p>Ms. Pierson stated that additionally, the company has improved their patient and employee satisfaction feedback process by engaging EMS Survey Team to be the third-party operator of these surveys. Over 500 patient surveys are sent out monthly for Medic Ambulance. When responses are received by the EMS Survey Team, the information is included into a data base and the findings are reported back to Medic.</p>		
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	<p>It was added that they have received some amazing responses, and requested the SEMSC Board to present a summary of the feedback Medic has been receiving at the April 2017 Board Meeting. Ms. Pierson added that the SEMSC Board may be interested in knowing what is going on, and the kind of response Medic has been receiving.</p> <ol style="list-style-type: none"><li data-bbox="512 415 1556 594">5. Community Involvement – Medic announced that in 2016, they have participated in over 224 events, including “Every Fifteen Minutes,” Solano Turkey Trot, Fun on the Run, and Rebuilding Together. Participation in these events are community service hours they donate back to the community at no expense to the County.<li data-bbox="512 638 1556 1032">6. Ms. Pierson informed the SEMSC Board about the passing of one of their long-time employees, Jason Comer, who was the Quality Assurance Manager for the company. Mr. Comer worked with Medic for 16 years, and became part of the management team. He was 36 years old, and passed away on Christmas Eve after a five-month battle with leukemia. He is survived by his wife and two young sons. Ms. Pierson wanted to take the opportunity to thank the EMS community and the EMS agencies that worked together on the memorial service held in Jason Comer’s honor this past Saturday, appreciating their participation and the presence of many of their employees during the service.<li data-bbox="512 1076 1556 1472">7. Community Paramedicine Pilot (CP) Program – Brandon Klug, Integrated Health Manager at Medic Ambulance, who runs the day-to-day operations of the CP program provided the Board with an update. The program went live and Medic CPs began seeing actual patients on September 15, 2015. A total of 142 patients have been referred to the program from NorthBay Healthcare, 95 of whom Medic has been able to enroll in the program. Almost half of these patients are suffering from Congestive Heart Failure (CHF) and half have Chronic Obstructive Pulmonary Disease (COPD). However, it was pointed out that there are also a number of patients that have been referred who have a history of both of these disease processes.		
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	<p>In such cases, the CP makes a determination and enrolls the patient only on one of these programs based on the diagnosis on their most recent discharge.</p> <p>Mr. Klug stated that Medic CPs are seeing patients both in and outside the home, including the homeless population. These may include persons who may have quickly left from a different state, and had just come to California, or those who may have been visiting family and while here may have fallen ill and ended up in the hospital. As such CPs are not limited to seeing patients at their respective homes. Medic estimates that one in eight patients are seen in this way. It is important to note that with Community Paramedicine, these patients will likely have difficulty receiving appropriate post-discharge care.</p> <p>Medication error is one of the major issues seen, with the CPs finding nearly 50% of patients they are seeing have some sort of medication error they discover during the initial visit. For example, when they conduct the initial call, the patient would state that they have all their medications, but at the actual visit, the patient either is missing an important medication such as antibiotics, or may have been prescribed the same medication multiple times by different doctors, and is taking all of them at the same time. It was also observed that nearly three out of four patients need some help understanding their discharge instructions. However, Medic surveys and completes a self-assessment with the patients before the first visit, and they find that patients rank themselves much higher when it comes to understanding their prognosis and diagnosis prior to receiving education from the CPs at the initial visit. Medic stated that the initial visit lasts a little over one and a half hours on average.</p> <p>Mr. Klug stated that Medic also uses EMS Survey Team both for their 9-1-1 system, as well as their CP patient populations. Due to the smaller number of patients, and their desire for a higher capture rate, the arrangement is for EMS Survey Team to attempt a personalized phone conversation survey with 100% of the CP patients population.</p>		
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At this time the patient then has the option of refusing to participate. Medic, however has a very high capture rate for this population, and receives an 18-to-19-page survey result each month. It was pointed out that two pages out of the most recent report is included in the meeting packet. Mr. Klug indicated that EMS Survey Team has about 131 organizations in their data base and the document in the packet highlighted that Medic Ambulance is the highest rated CP program based on independent patient feedback. Medic has some their best paramedics in the CP program doing the home visits, and the intent is to provide great customer satisfaction and teach the patients how to manage their own care effectively at home.

The goals established for the program are to continue to meet the unmet needs of the identified population and try to increase the volume of enrollment. The initial pilot goal was to enroll an estimated 300 patients into the program, but Medic has no control over the number of referrals they receive, only on the number of patients they are able to enroll and convince to agree to an in-home visit from those referrals. However, if during the course of the pilot, they are able to see more than 300 patients, Medic does not foresee an issue. They will continue to try and increase the number of patients they are seeing. It was pointed out that currently the pilot is slated to continue until November 13, 2017 but it is anticipated that there will be annual extensions of the pilot while Community Paramedicine goes through possible legislative reform. The overarching goal is to enact legislation to allow Community Paramedicine to continue and allow it to be a standardized practice in the State of California. This will then make it easier for hospital partners and other EMS organizations to be able to bring the benefit of Community Paramedicine to their respective communities.

Board Chair Corsello inquired as to Medic's current partners in the CP referral process. Medic stated that their current partner is NorthBay Healthcare, which involves NorthBay Medical Center and NorthBay VacaValley Hospital.

It was added that Medic has been in discussions with Kaiser and Sutter for inclusion in the pilot, but both are still in the contract negotiation phase. It was pointed out that Medic's intent and focus on sustainability for this pilot, is what sets it apart from the many of the other pilot programs in the country. There may have been many great models but without a focus on sustainability and funding incorporated in the beginning. This focus was important to Medic from the start, not wanting to build a program and put a large amount of infrastructure into it to help tens of patients, only to close up shop at the end of a two-year pilot. Medic's goal from the beginning was to build a program that will keep touching lives, even after the end of the pilot study, and to create something that is reproducible in other communities.

Board Member Keen asked about where funding for this program comes from. Medic explained that NorthBay pays a small enrollment fee and a fee for service. However, Medic is primarily bearing the majority of the cost by operating this program at a loss. Medic ultimately hopes to move this program towards a shared risk model, as this is what the Centers for Medicare and Medicaid (CMS) has indicated, and they see a benefit in this in that it would allow Medic Ambulance to more quickly meet the needs of patients. For example, if the CPs feel that a patient may need an additional visit, or may need something checked out, there will be less bureaucracy to deal with and the CPs will be able to answer the needs of the patient in a more timely manner.

Board Chair Corsello congratulated Medic Ambulance on their successful accreditations, personally wanted to thank the company for raising the quality of EMS services they provide to Solano County. Board Chair Corsello added that this is a big deal for everyone, whether they need the services personally or know people that do, it is great to know that Medic Ambulance continues to strive for excellence.

	<p>Board Chair Corsello also extended the Board’s condolences in the loss of a valued member of Medic Ambulance, especially someone so young to a horrible disease, and apologized for missing the memorial service.</p> <p>Board Member Velasquez added he has known Jason Comer as a member of the EMS community, and commended Helen Pierson for her tribute. Board Member Velasquez requested if the Board Meeting can be closed in honor of Jason Comer, and added that the Solano County Office of Emergency Services (OES) was actively involved in Mr. Comer’s Celebration of Life this past Saturday, as well as the Cities of Vallejo, and Fairfield among others. Board Chair Corsello agreed that today’s Board Meeting can adjourn in the memory of Jason Comer, and the Board Members nodded in agreement.</p>		
<p><u>Regular Calendar Items:</u></p> <p>a. Selection of Vice Chair for 2017</p>	<p>a. Board Chair Corsello stated that according to the SEMSC Bylaws, the Board must select a Vice Chair. In the last two years, the role of Vice Chair has been filled by Board Member Watson, who is not present at today’s meeting due to a personal commitment. However, Board Member Watson did express an interest to continue being the Vice Chair, unless someone else is interested in the role, the Board can draft Board Member Watson again.</p> <p>The EMS Administrator stated that Board Member Watson sent an email to be read at today’s meeting, if this is the Board’s pleasure. Mr. Selby read that Board Member Watson expressed his apologies for not being able to attend the first SEMSC Board Meeting of the year, as he serves as a member of the State’s Emergency Medical Services for Children Technical Advisory Committee. Each year, the Committee meets for three days to scope out the program for children for the following year, and this year’s meeting was scheduled for January 11-13, 2017, which conflicts with today’s Board meeting.</p>		

<p>b. Review and Consider Approval of Annual SEMSC Budget/Revenue Allocation Plan for FY 2017/2018 and Adoption of Resolution 17-001</p>	<p>Board Member Watson added in the email that had he been able to attend today's SEMSC Meeting; he would have been able to communicate that it would be an honor to once again serve in the capacity of Vice Chairperson for another year. All of the Members are very accomplished and outstanding individuals, and it would be a pleasure to once again serve as the Vice Chairperson. Board Member Watson also expressed disappointment at not being able to attend today's Meeting, and expressed disappointment at being unable to attend the first Board Meeting of the year.</p> <p>Board Member Keen moved to nominate and elect Board Member Watson as the Vice Chair for 2017. Board Member Velasquez seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0</p> <p>b. Board Chair Corsello requested Mr. Selby to give a short presentation on this agenda item. Mr. Selby stated that the bylaws of the Joint Powers Authority (JPA) require the Board to annually adopt a Revenue Allocation Plan for the Agency. Included in the packet is the recommended budget, or Revenue Allocation Plan as the Auditor Controller refers to it. Mr. Selby noted that Personnel costs are the bulk of the Agency's expenses. Additionally, pass-through revenue associated with the Public Private Partnership (PPP) between Medic Ambulance and the four city Fire Departments is the largest expenditure, as well as source of revenue. It was likewise pointed out that the Revenue Allocation Plan is essentially a zero-based budget. Mr. Andrew Obando, the Associate Administrator was requested to present a brief overview.</p> <p>Mr. Obando presented a comparison of the budget for FY 2016/2017 and the proposed budget for FY 2017/2018, in accordance with Board's request at the last budget meeting. The difference in salary and benefits from this fiscal year to the next was pointed out. This is due to an increase in Full Time Equivalent (FTE) employees. It was explained that the Agency currently has a contract employee who left the Agency.</p>		
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	<p>The plan is to replace this position with a full-time regular employee who will be tasked to continue the efforts to protect the Exclusive Operating Area (EOA) agreement, as well as work on quality improvement. There is also a one-time cost for set-up fees of new software agreements that is included in this year's budget. This new software is to help monitor the compliance of the EMS Partners, and establish an EMS data repository. These one-time fees are expected to go away in the next fiscal year, and that will help off-set the cost of the additional FTEs. It was pointed out that the increases in the Health & Social Services (H&SS) transfer funds are basically cost of living increases associated with the countywide overhead costs that are expected as part of the Agency's agreement with H&SS. These costs include expenses associated with human resource services, payroll services, administration costs, and rental space among others. It was highlighted that the increase in cost is minimal, only about half a percent higher than the previous fiscal period.</p> <p>In regards to the revenue, the line items maintain the status quo, including fees that include the ambulance franchise fee for the EOA, designation fees from Trauma Centers, ST Elevation Myocardial Infarction (STEMI) Receiving Center, ambulance permits, EMT certification fees, etc. A small increase in revenues is projected, mainly from the entry of additional providers coming into the system. This will help offset the small increase in expenses. Mr. Obando also explained that the Agency assesses fines for any violations to policies, procedures and protocols as stipulated in Resolution 11-001 and Resolution 16-002. It was likewise pointed out that there is no change in the pass-through revenue for the PPP Fire Departments. It is also projected that there will be a slight increase in the interest revenue from use of money, with the higher fund balance.</p> <p>Mr. Obando summarized that the projected revenue is equal to the projected expenses; thereby it is a zero-based budget that is being proposed.</p> <p>Board Member Rusch requested clarification on the increase in permits due to new of providers.</p>		
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	<p>Mr. Obando explained that in addition to Medic Ambulance, the Advanced Life Support (ALS) EOA provider, the Agency also issues permits to other providers for Basic Life Support (BLS) transportation, and Critical Care Transport (CCT). The number of providers for these services fluctuates depending on business needs. There are some BLS providers who come and go.</p> <p>Board Member Keen requested clarification on the increase in FTE. It was explained that the two extra-help or contract employee positions will be replaced by one FTE.</p> <p>Mr. Selby reiterated that the JPA Bylaws require that the Board adopt a Budget and Revenue Allocation Plan, and the corresponding resolution. Therefore a motion and a vote is required for this item.</p> <p>Board Chair Corsello concurred and stated that the staff recommends the adoption of the budget and corresponding resolution that has been presented before the SEMSC Board if there is no further discussion, and a motion and a vote is required. A draft of the resolution is included in the meeting packet.</p> <p>Board Member Keen moved to approve the Budget & Revenue Allocation Plan for FY 17/18 and the adoption of Resolution 17-001. Board Member Rusch seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0</p>		
<p><u>Board Comments:</u></p> <p>a. Chairperson</p> <p>b. Directors</p>	<p>a. Board Chair has no comments.</p> <p>b. The Directors have no comments.</p>		
<p><u>Adjournment</u></p>	<p>Meeting adjourned to the next regularly scheduled meeting of April 13, 2017.</p>	<p>(none)</p>	